



# 2024 SCHOLARSHIP APPLICATION

## REQUIREMENTS:

1. Applicant must be a legal resident of Arlington Heights as of the date of this submission.
2. Applicant must be between 17 and 24 years of age on July 4, 2024 and will graduate or have graduated as of this year.
3. Applicant must submit a written invoice to Frontier Days, Inc., Post Office Box 177, Arlington Heights, IL 60006, and include instructions as to what college or institution the prize money is to be sent upon being awarded the scholarship.
4. If chosen, it is understood that this scholarship prize must be claimed by November 1, 2024.
5. The applicant authorizes Frontier Days, Inc. to verify the information contained herein and to make such additional inquiries as may reasonably relate to or be associated with this application

The undersigned hereby declares and represents that he/she has read the foregoing material and that all statements made herein are complete and true to the best of his/her knowledge.

This application is accepted subject to the approval of the Frontier Days, Inc. Festival Committee.

### THIS FORM MUST ACCOMPANY ALL APPLICATIONS

While you may submit an application for any one or all the categories, we suggest that you demonstrate your strength in one specific area. Use a separate form for each application that you may submit. Only one scholarship will be awarded to an applicant each year. Select one of the following categories for this application. **This completed page must accompany each application.**

- FUTURE PUBLIC SERVANT (See attached instructions)
- TRADE SCHOOL APPLICANT (See attached instructions)
- VOLUNTEER SERVICE (See attached instructions)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

High School: \_\_\_\_\_ Year graduated: \_\_\_\_\_

University or Community College or Trade School \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Date of birth: \_\_\_\_\_

My signature attests to the fact that I am a legal resident of the Village of Arlington Heights and on July 4, 2024, I will be between the ages of 17 and 24. Additionally, I hereby grant permission to Frontier Days, Inc. to use my image and/or images of my project to be used for publicity and promotional purposes.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_



# 2024 SCHOLARSHIP APPLICATION

## GENERAL INFORMATION

**APPLICATIONS:** Applications are available online at [www.frontierdays.org](http://www.frontierdays.org), at all Arlington Heights area high schools and at the Arlington Heights Memorial Library, 500 North Dunton Avenue. A student may submit applications in more than one category but will be eligible for only **one scholarship prize per year.**

**SUBMISSION OF APPLICATIONS:** Applications will be accepted at the 1<sup>st</sup> (first) floor check-out desk at:

Arlington Heights Memorial Library  
500 North Dunton Avenue  
Arlington Heights, IL 60004

Or at [scholarship@frontierdays.org](mailto:scholarship@frontierdays.org)

**Mailed applications will not be accepted.**

**DEADLINE:** Fully completed applications must be received at the library or on-line by 5pm Sunday June 16, 2024. No late applications will be considered.

**JUDGING:** Scholarship winners will be chosen by an independent, unbiased panel of judges whose decisions are final. This year's judging will be held on Wednesday, June 19, 2024. **Incomplete forms will not be considered by the judges.**

**PRIZES:** A \$1,500 First Place Scholarship and a \$500 Second Place Scholarship will be awarded in each category. Prize money will be paid directly to the college, university, or school of the winner's choice. Prizes must be claimed by November 1, 2024.

**WINNERS:** Participants will be notified by email with the results of the judging. Scholarship winners will be introduced on the Frontier Days' Main Stage during Festival 2024. Winners are encouraged to attend this recognition or send a family member.

**QUESTIONS:** Contact the Scholarship Committee: (847) 577-8572 and leave a voice message or send an email to [scholarship@frontierdays.org](mailto:scholarship@frontierdays.org). Frontier Days, Inc. is an all-volunteer organization. Your question will be answered as soon as possible.



# 2024 SCHOLARSHIP FOR TRADE SCHOOL STUDENTS

Name \_\_\_\_\_

Trade School or Community College you plan to attend:  
\_\_\_\_\_

Trade you plan to pursue \_\_\_\_\_

## INSTRUCTIONS & GUIDELINES

This scholarship is intended for students who plan to attend a Trade School.

Your application must include:

- the main Festival Scholarship application
- this form attached to your essay
- your essay
- the recommendation form completed by someone who has knowledge and verification of your efforts. (A relative cannot complete the recommendation form.) **If this letter of recommendation is not included, your application will not be considered.**

Please type or print a short essay (250 words or less) to answer each question below.

You may include pictures to illustrate your answers.

1. What trade do you plan to pursue and why does this interest you?
2. What experiences have you already had, or projects you have done, that will be useful to you as you pursue this trade?
3. What courses, if any, have you taken that relate to this trade?
4. How will this scholarship help you attain your goals?

If you have any questions contact the Scholarship Committee at 847-577-8572, and leave a voice mail message or send an email to [scholarship@frontierdays.org](mailto:scholarship@frontierdays.org).

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# 2024 FUTURE PUBLIC SERVANT SCHOLARSHIP

Name \_\_\_\_\_

Public Service you are pursuing \_\_\_\_\_

University or Community College You Plan to Attend: \_\_\_\_\_

## INSTRUCTIONS & GUIDELINES

This scholarship is intended for applicants who are pursuing a career in a service that will benefit community members, such as Police, Paramedics, Nurses, etc.

Your application must include:

- the main Festival Scholarship application
- this form attached to your essay
- your essay answers
- the recommendation form completed by someone who has knowledge and verification of your efforts. (A relative cannot complete the recommendation form.) **If this letter of recommendation is not included, your application will not be considered.**

Please type or print a short essay to answer each question below on separate piece of paper. You may include pictures to illustrate your answers.

1. What public service career do you plan to pursue and why does this interest you?
2. What experiences have you already had, or projects you have done, that will be useful to you as you pursue this career?
3. What courses or extracurricular activities have you taken that relate to this career?
4. How will this scholarship help you obtain your goals?

If you have any questions contact the Scholarship Committee at 847-577-8572, and leave a voice mail message or send an email to [scholarship@frontierdays.org](mailto:scholarship@frontierdays.org).

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# JOHN STOTTLEMIRE SCHOLARSHIP 2024 VOLUNTEER SERVICE

## INSTRUCTIONS & GUIDELINES

Name: \_\_\_\_\_

Address: \_\_\_\_\_

- Complete the questions below detailing your efforts as a volunteer.
- Attach a statement in essay form, not to exceed 500 words, describing your efforts and accomplishments as a volunteer.
- Include:
  - the main Festival Scholarship application
  - this form attached to your essay
  - your essay
  - the recommendation form completed by someone who has knowledge and verification of your efforts. (A relative cannot complete the recommendation form.) **If this letter of recommendation is not included, your application will not be considered.**
  - If you volunteer in more than one area, a recommendation letter should be submitted for each area

### ALL FORMS MUST BE INCLUDED.

**Your list of volunteer activities must be limited to non-compensated services only.**

Please type or print your answers on a separate sheet of paper.

1. Briefly describe the nature of your volunteer projects.
2. Who is the recipient of your volunteer service?
3. Give us an estimate of the amount of time spent in volunteering. (Hours per week and total hours for specific activities.)
4. How did you become involved in volunteer service?
5. Attach a statement in which you describe your efforts in greater detail. Do not exceed 500 words.

If you have any questions contact the Scholarship Committee at 847-577-8572, and leave a voice mail message or send an email to [scholarship@frontierdays.org](mailto:scholarship@frontierdays.org).

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**2024 FRONTIER DAYS SCHOLARSHIP  
RECOMMENDATION STATEMENT**

Applicant's Name (Please Print): \_\_\_\_\_

The Frontier Days, Inc. Scholarship Committee requires the applicant to obtain a recommendation from someone (other than a family member) who has firsthand knowledge of the student's efforts. This should be someone who has supervised the student in these activities or has witnessed the results of the his/her efforts. Please include a statement indicating how this student has affected the lives of others, his/her work/study ethic, and list any special duties or activities. These are only guidelines; feel free to write more if you wish.

The individual listed above is applying for a Frontier Days, Inc. Scholarship based on his/her **non-compensated efforts.**

Your name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Signature: \_\_\_\_\_

If you have any questions contact the Scholarship Committee at 847-577-8572, and leave a voice mail message or send an email to [scholarship@frontierdays.org](mailto:scholarship@frontierdays.org).

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**2024**

**SCHOLARSHIP INFORMATION**

**AND**

**APPLICATION**